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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Examiner Lilian VO	Jeffrey R. Joseph
COMPANY:	DATE:
USPTO	August 21, 2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-8300	14 pages
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	Intel 2207/12020
RE:	YOUR REFERENCE NUMBER:
Serial No.: 10/047,809	Group Art Unit: 2195

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ CONFIRMATION
☐ ORIGINAL WILL FOLLOW ☒ ORIGINAL WILL NOT FOLLOW

Notes/Comments:

AMENDMENT

1. Fax Cover Sheet (1)
 2. Fcc Transmittal (and one copy) (2)
 3. Petition for Extension of Time (and one copy) (2)
 4. Amendment (9)
- Total: (14) pages

Certificate of Facsimile Transmittal

I hereby certify that the above referenced correspondence is being transmitted via facsimile under 37 C.F.R. §1.11 to Examiner Lilian VO at facsimile number: (571) 273-8300 at the United States Patent and Trademark Office.

Dated: August 21, 2006Signature: Blanche Guzman-Salmon
Blanche Guzman-Salmon

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AUG-21-2006 16:28

KENYON KENYON

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Approved for use through 07/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>		
		Application Number	10/047,809	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 15, 2002	
		First Named Inventor	Ken SHOEMAKER et al.	
		Examiner Name	Lilian VO	
TOTAL AMOUNT OF PAYMENT (\$)		720.00	Attorney Docket No.	Intel 2207/12020

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 11-0600 Deposit Account Name: Kenyon & Kenyon LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>1051</td><td>130</td><td>2051 65</td><td></td></tr> <tr><td></td><td></td><td>1052</td><td>50</td><td>2052 25</td><td></td></tr> <tr><td></td><td></td><td>1053</td><td>130</td><td>1053 130</td><td></td></tr> <tr><td></td><td></td><td>1812</td><td>2,520</td><td>1812 2,520</td><td></td></tr> <tr><td></td><td></td><td>1804</td><td>920*</td><td>1804 920*</td><td></td></tr> <tr><td></td><td></td><td>1805</td><td>1,840*</td><td>1805 1,840*</td><td></td></tr> <tr><td></td><td></td><td>1251</td><td>120</td><td>2251 60</td><td>120.00</td></tr> <tr><td></td><td></td><td>1252</td><td>450</td><td>2252 225</td><td></td></tr> <tr><td></td><td></td><td>1253</td><td>1,020</td><td>2253 510</td><td></td></tr> <tr><td></td><td></td><td>1254</td><td>1,560</td><td>2254 785</td><td></td></tr> <tr><td></td><td></td><td>1255</td><td>2,160</td><td>2255 1,080</td><td></td></tr> <tr><td></td><td></td><td>1401</td><td>500</td><td>2401 250</td><td></td></tr> <tr><td></td><td></td><td>1402</td><td>500</td><td>2402 250</td><td></td></tr> <tr><td></td><td></td><td>1403</td><td>1,000</td><td>2403 500</td><td></td></tr> <tr><td></td><td></td><td>1451</td><td>1,510</td><td>1451 1,510</td><td></td></tr> <tr><td></td><td></td><td>1452</td><td>500</td><td>2452 250</td><td></td></tr> <tr><td></td><td></td><td>1453</td><td>1,500</td><td>2453 750</td><td></td></tr> <tr><td></td><td></td><td>1501</td><td>1,400</td><td>2501 685</td><td></td></tr> <tr><td></td><td></td><td>1502</td><td>490</td><td>2502 245</td><td></td></tr> <tr><td></td><td></td><td>1503</td><td>660</td><td>2503 330</td><td></td></tr> <tr><td></td><td></td><td>1450</td><td>130</td><td>1450 130</td><td></td></tr> <tr><td></td><td></td><td>1807</td><td>50</td><td>1807 50</td><td></td></tr> <tr><td></td><td></td><td>1806</td><td>180</td><td>1806 180</td><td></td></tr> <tr><td></td><td></td><td>8021</td><td>40</td><td>8021 40</td><td></td></tr> <tr><td></td><td></td><td>1809</td><td>790</td><td>2809 395</td><td></td></tr> <tr><td></td><td></td><td>1810</td><td>790</td><td>2810 395</td><td></td></tr> <tr><td></td><td></td><td>1801</td><td>790</td><td>2801 395</td><td></td></tr> <tr><td></td><td></td><td>1802</td><td>900</td><td>1802 900</td><td></td></tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1051	130	2051 65				1052	50	2052 25				1053	130	1053 130				1812	2,520	1812 2,520				1804	920*	1804 920*				1805	1,840*	1805 1,840*				1251	120	2251 60	120.00			1252	450	2252 225				1253	1,020	2253 510				1254	1,560	2254 785				1255	2,160	2255 1,080				1401	500	2401 250				1402	500	2402 250				1403	1,000	2403 500				1451	1,510	1451 1,510				1452	500	2452 250				1453	1,500	2453 750				1501	1,400	2501 685				1502	490	2502 245				1503	660	2503 330				1450	130	1450 130				1807	50	1807 50				1806	180	1806 180				8021	40	8021 40				1809	790	2809 395				1810	790	2810 395				1801	790	2801 395				1802	900	1802 900	
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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Jeffrey R. Joseph	Registration No. (Attorney/Agent)	54,204
Signature		Telephone	(408) 975-7500
		Date	August 21, 2006

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